



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Of:) CERTIFICATE OF MAILING
)
DAVID J. BEEBE ET AL.) I hereby certify that this correspondence is being
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Serial No. 10/762,664) first class mail in an envelope addressed to:
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Filed: January 22, 2004) for Patents, P.O. Box 1450, Alexandria,
) VA 22313-1450. Dated: August 14, 2006.
Group Art Unit: 3767)
)
Examiner: Andrew M. Gilbert) Christine Kierzek 8.14.06
) Christine Kierzek Date
MICROFLUIDIC DEVICE FOR)
DRUG DELIVERY)

Mail Stop – Box Issue Fee - Drawings
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed please find four (4) sheets (Figs. 1-13) of formal drawings for the above-identified patent application.

Respectfully submitted,

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Atty. Docket No.: 282.033



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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/762,664	
	Filing Date	01/22/2004	
	First Named Inventor	Beebe et al.	
	Group Art Unit	3767	
	Examiner Name	Andrew M. Gilbert	
Total Number of Pages in This Submission		Attorney Docket Number	282.033

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard Replacement Drawings – 4 sheets
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Peter C. Stomma Boyle Fredrickson Newholm Stein & Gratz, S.C. 250 East Wisconsin Avenue, Suite 1030 Milwaukee, WI 53202
Signature	
Date	8/14/06

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